

dexamethasone IV, 1g paracetamol IV and 0.5mg/kg ketamine IV were given. A periarticular infiltrate was given consisting of 150mls normal saline with 10mls 0.5% chirocaine and 2mg adrenaline. Post operatively the patients received regular pregabalin 75mg bd, paracetamol 1g qds, 30mg codeine qds and 400mg ibuprofen tds. The patients were mobilised when their motor function had returned. We utilized VAS for pain pre and post first mobilisation.

Results: There were 16 hip replacements, 23 knee replacements and 2 bilateral knee replacements. The average time to mobilisation post operatively was 17.3 hours and the change in VAS score was 1.38 (–4 to 5).

Conclusion: Early mobilization on the day of surgery does not cause our patients to experience significantly increased levels of pain and discomfort. We therefore recommend this regime.

0971: MYXOFIBROSARCOMA OF SOFT TISSUE

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Myxofibrosarcomas account for approximately 1% of soft tissue sarcomas. They typically occur in the 6th to 8th decade and have a high rate of local recurrence.

We present our results from the East Midlands Sarcoma Service for treatment of myxofibrosarcoma with patients identified from a pathology database.

This cohort consist of 67 patients from 1987 to 2012. The average age of patients was 66 years, 42 male, 25 female. 7 patients were referred in to the service with a recurrence.

43 tumours were superficial and 25 were deep. 53 were limb tumours, 14 truncal or head and neck. 12 were low grade, 23 intermediate and 32 high grade.

The number of cases presenting with metastasis was 2(3%). Wide margins were reported in 49 cases. 13 patients developed local recurrence and 3 subsequently developed metastatic disease.

In conclusion, our results show that the majority of these tumours present in the males patients and beyond the age of 60. They are predominantly superficial and majority of them were widely cleared with surgery. Our results show a relatively lower recurrence rate than the reported literature.

0979: CURRENT PRACTICE IN PAEDIATRIC ORTHOPAEDIC TRAUMA CARE: A RETROSPECTIVE COMPARISON STUDY

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Aim: To examine patterns of admission and management of paediatric orthopaedic trauma inpatients over a one-year period (2007/8) and compare data to a previously published study from 1993/4, thereby exploring changing clinical practice.

Method: Children ≤ 16 years admitted for orthopaedic trauma inpatient care between 01/09/2007 and 31/08/2008 were included in the study. For each patient the following data was collected: age, sex, admission date(s), admission source, diagnosis(es), treatment(s), mechanism of injury, operation date(s), and discharge date(s).

Results: 335 children (222 boys, 113 girls) were admitted during this period. Primary management was operative for 84%. Readmission rate for fractures was 5.9% (significant reduction from 12.1% in 1993/4, $p < 0.05$). The most common fracture was of radius/ulna (52%) with 75% of distal segment. Readmission rate for distal radius/ulna fractures was 3.7% (significant reduction from 19% recorded in 1993/4, $p < 0.001$). Mean stay for femoral fractures was 9.9 days (significant reduction from 17.9 days in 1993/94, $p < 0.05$). A total 46.5% of fractures received internal fixation, compared to 21% in 1993/94.

Conclusions: Significant improvements in management have been made. This is likely due to the increased use of internal fixation for fractures (from 21% to 46.5%) and the rise of subspecialisation.

1086: FIFTH METATARSAL FRACTURES: A MANAGEMENT AUDIT

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Fractures to the proximal fifth metatarsal bone are common foot injuries. Evidence has shown that type I and II Lawrence-Botte fractures can be treated by functional bracing. We audited our management of these fractures.

We performed a retrospective review of all fracture clinic patients from 2009 to 2012. Patient clinic letters and radiographs were reviewed and classified by the Lawrence- Botte system. Non-union, surgical intervention

and complications were recorded. Ongoing symptoms were recorded by telephone conversation. Chi square test was used with $p = 0.05$.

Fractures of fifth metatarsal constituted 43% of foot fractures. 53 patients were included in the study. 25 patients were contactable by telephone. There were 41 proximal metatarsal fractures; 32 type I, 3 type II, and 6 type III. There were 3 radiographic non-unions and one patient with symptoms requiring surgery. 83% had a good outcome (pain-free or minimal symptoms). 15% had pain which did not require surgery. Treatment type (cast versus air boot) did not have a significant effect on pain ($p = 0.264$).

Most patients with type I and II fractures had good outcomes, can be treated symptomatically and discharged after a single follow up with counselling. Overall, 40 clinic attendances and 38 re-radiographs would have been avoided.

1088: CALCULATING THE PREVALENCE OF 1ST MTP JOINT ARTHRITIS IN THE SUBCLINICAL POPULATION USING X-RAY ANALYSIS

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Osteoarthritis of the 1st metatarsophalangeal joint (MTPJ) is one of the commoner disorders affecting the foot. Despite the presence of many studies looking to correlate the X-ray appearance of established Hallux Rigidus with clinical findings, no population-based studies exist to explore its prevalence in the normal population.

Methods: 352 consecutive radiographs were used in adult patients who presented to A&E requiring foot x-ray. These were assessed independently by the 2 authors using the Hattrup and Johnson grading system. Discrepancies were referred to a radiologist for grading.

Results: The radiographic prevalence of MTPJ arthritis in our population was 23.6% (23.6% grade 1, 5.7% grade 2 and 1.4% grade 3). (21.1% males vs 25.2% female). Prevalence markedly increased with age and was significantly increased over the age of 60 (RR=4.6, 95% CI 3.2 to 6.5, $p < 0.0001$). Incidence was also significantly higher in females with an overall incidence of 9.5% in males and compared to 23.0% in females (RR = 2.1, 95% CI 1.1 to 3.9, $p = 0.01$).

Conclusion: The results of this study suggest the incidence of the disease significantly increases over the age of sixty and is significantly more common in females (ratio 2:1) as has previously been reported in the literature.

1089: MANAGEMENT OF CHILDREN WITH SUSPECTED DDH IN DEVON: A COMPARISON OF GRAF ULTRASOUND FINDINGS WITH FINDINGS ELICITED BY CLINICAL EXAMINATION BY AN EXPERT

Sophie Wienand-Barnett, Tim Woodacre, Hannah Bond, P.J. Cox. *Royal Devon and Exeter Hospital, Devon, UK.*

Aim: To assess the concordance between clinical examination of neonatal hips with suspected DDH by an expert and findings on USS.

Method: We underwent a retrospective analysis of our prospective data of all patients referred over a 14 year period from August 1997 to August 2011.

We audited the clinical examination findings of two hundred and six children by our regional expert and compared these to the USS findings in order to assess the reliability of clinical examination by an expert.

Results: In 79% of cases there was concordance between the Clinical Examination carried out by the consultant and the USS in 79%.

In 18% of cases the USS revealed an abnormality that was not detected in the clinical examination. In 3% of cases the initial clinical examination suggested there was an abnormality that was not then confirmed on USS.

Conclusions: Local expert clinical examination is accurate in 79% of hips. Our referral system is heavily dependent on clinical examination by non-expert individuals. US is critical for the assessment of DDH, reliably detecting dysplasia and guiding further management.

1093: REFERRAL OF CHILDREN WITH SUSPECTED DDH FOR EXPERT REVIEW: AN AUDIT OF EXAMINATION FINDINGS OF THE NEWBORN PRIOR TO DISCHARGE

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Aim: To assess how many infants underwent neonatal examination of their hips by two separate clinicians prior to discharge in accordance with trust policy, and the impact on accurate detection by the number of examinations and seniority of clinicians.